



IN THE 13th JUDICIAL CIRCUIT COURT, BOONE COUNTY, MISSOURI
AGREEMENT TO PAY

NAME:		CASE NUMBER:
ADDRESS:	APT/LOT#:	
CITY, STATE:	ZIP CODE:	JUDGE/DIVISION:
DATE OF BIRTH:		EMPLOYER: ADDRESS: PHONE NUMBER:
SOCIAL SECURITY NUMBER:		
TELEPHONE NUMBER:		
CELL PHONE NUMBER:		
E-MAIL ADDRESS:		
REFERENCE NAME / TELEPHONE NUMBER:		
I acknowledge that I currently owe the Court the amount of \$_____. I understand the costs and fine are due within 90 days of the sentencing date. In 30 days _____ \$25 will be added to any court costs or fine not paid in full. In 90 days _____ the Court will be notified if the fine is not paid in full.		I understand that I have been ordered to pay court cost and fine. Failure to pay as required may result in: <ol style="list-style-type: none">1. A warrant for my arrest.2. A requirement to appear in court.3. Delinquent amounts being turned to tax intercept.4. Delinquent amounts being turned over to a collection agency with the addition of a 20% collection fee.5. Credit agency reporting.6. Revocation of drivers' licenses in certain instances.7. Revocation of probation if payment is a condition of probation. I understand these actions may be taken without further notice.
Adult Court Services will be supervising the payment of your court costs and fine. Choose one of the following: <input type="checkbox"/> I will pay \$_____ in full within 90 days with the following installments: <input type="checkbox"/> Weekly payments of \$_____ starting on _____. <input type="checkbox"/> Bi-weekly payments of \$_____ starting on _____. <input type="checkbox"/> Monthly payments of \$_____ starting on _____. <input type="checkbox"/> I request to speak with an Adult Court Services Officer to discuss my ability to pay.		

I HAVE READ AND UNDERSTAND THE ABOVE.

Defendant's Signature

Date

Clerk/CSO

Date

If you have any questions, please call Adult Court Services at **573-886-4180**.